Allied Health • Chiropractic

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Medi-Cal Training Seminars

New Medi-Cal Provider Numbers for 23 Public Hospitals 1

New Medi-Cal Provider Numbers for 23 Public Hospitals

Starting May 22, 2006 and effective for dates of service on or after July 1, 2005, all physicians and non-physician practitioners billing for inpatient services in the hospitals listed below are required to use a modified provider number in the facility identification field (Box 32) of the *HCFA 1500* claim form.

Background

Senate Bill 1100 (Chapter 560, Statutes of 2005) requires the California Department of Health Services (CDHS) to change the reimbursement methodology for 23 public hospitals. Negotiated rates will be replaced with cost-based, per-diem rates, with Certified Public Expenditures (CPEs) as the basis for the non-federal share of reimbursement. This change covers contract inpatient care rendered to Medi-Cal recipients and uninsured individuals, for dates of service on or after July 1, 2005 through August 31, 2010.

Purpose

To facilitate the capture of costs for services rendered, hospital contract inpatient provider numbers are being modified. The new provider numbers are the same as the current contract provider numbers, except that the last letter "G", "F" or "H" is replaced by "W".

	Current Contract Inpatient Provider	Modified Inpatient
Hospital Name	Number	Provider Number
University of California Davis Medical Center	HSC00599G	HSC00599W
University of California Irvine Medical Center	HSC30348G	HSC30348W
University of California San Diego Medical Center	HSC30025F	HSC30025W
University of California San Francisco	HSC00454G	HSC00454W
University of California Los Angeles Medical Center	HSC30262F	HSC30262W
University of California Los Angeles Santa Monica	HSC30112H	HSC30112W
Los Angeles County Harbor/UCLA Medical Center	HSC30376F	HSC30376W
Los Angeles County Martin Luther King Jr./Drew Medical Center	HSC30578F	HSC30578W
Los Angeles County Olive View Medical Center	HSC30040G	HSC30040W

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Hospitals (continued)

Current Contract	Modified Inpatient
Number	Provider Number
HSC32014F	HSC32014W
HSC30373F	HSC30373W
HSC00320F	HSC00320W
HSC30245F	HSC30245W
HSC00276F	HSC00276W
HSC30315F	HSC30315W
HSC00248F	HSC00248W
HSC30292F	HSC30292W
HSC00228F	HSC00228W
HSC00167F	HSC00167W
HSC00113F	HSC00113W
HSC00038F	HSC00038W
HSC00325F	HSC00325W
HSC39008F	HSC39008W
	Inpatient Provider Number HSC32014F HSC30373F HSC00320F HSC30245F HSC30245F HSC30248F HSC30228F HSC00228F HSC00167F HSC00113F HSC00038F HSC00325F

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Instructions for Manual Replacement Pages June 2006

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appeal form 1/2 * hcpcs iii 3/4 * Remove and replace:

Pages updated due to ongoing provider manual revisions.